

Library

25 JUL 57
C.H.



ANNUAL REPORT

TO THE
BEDLINGTONSHIRE URBAN
DISTRICT COUNCIL
FOR THE YEAR 1956
BY THE
MEDICAL OFFICER OF HEALTH
AND
CHIEF PUBLIC HEALTH INSPECTOR



ANNUAL REPORT

TO THE

BEDLINGTONSHIRE URBAN

DISTRICT COUNCIL

FOR THE YEAR 1956

BY THE

MEDICAL OFFICER OF HEALTH

AND

CHIEF PUBLIC HEALTH INSPECTOR

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR 1956

Mr. Chairman and Councillors,

I beg to present to you the Annual Report of the Medical Officer of Health concerning the health and sanitary conditions of the Urban District for 1956.

The Registrar General's estimated mid-year home population was 29,130—a decrease of 50 from last year.

The Crude Death Rate was 11.2 per 1,000 estimated population. This is an increase over last year. The uncorrected Birth Rate was 15.2 per 1,000 estimated population. This is a decrease of 2.3 per 1,000. This year there were 443 live births—68 fewer than last year.

The number of infant deaths was 10, the same number as last year, but owing to the fewer number of births the infantile mortality rate increased from 19.5 per 1,000 live births to 22.5. All the infant deaths occurred in the first four weeks of life, making the neo-natal mortality and the infant mortality rates the same.

There were 207 notifications of infectious disease during the year—a very low figure. Dysentery was the commonest with 71 notifications. There were 69 cases of whooping cough notified and 22 measles—this being the lowest figure ever recorded for measles. There were no cases of diphtheria notified. There was one case of Poliomyelitis and one case of typhoid fever notified.

It is pleasing to report on the support given to old people of Bedlingtonshire by the Council. The latest is an annual contribution for the provision of a chiropody service. This is made to the funds of the Local Old People's Welfare Committee. It is a much needed service and has been appreciated by those able to make use of it.

I wish to thank the Chairman and members of the Health Committee for their support during the year and to my colleagues in other departments for their unfailing courtesy and co-operation. The members of the Health Department team are to be congratulated on the work completed during the year.

I am,

Your obedient Servant,

A. DONALDSON, M.B., Ch.B., D.P.H.,

Medical Officer of Health.

PUBLIC HEALTH OFFICERS OF THE LOCAL AUTHORITY

Medical Officer of Health	-	Alexander Donaldson, M.B., Ch.B., D.P.H.
Chief Public Health Inspector	- - -	
and		R. W. Cowans, M.A.P.H.I.
Meat and Foods Inspector	- - - -	
Additional Public Health Inspector	- -	
and		J. Colpitts, M.A.P.H.I.
Meat and Foods Inspector	- - - -	
Student Public Health Inspector	- - - -	K. J. Dobson.
Health Department Typist	- - - -	Miss Patricia Hall
Rodent Operator	- - - - - - -	S. Walker
Offices	- - - - - - -	Front Street, Bedlington
Telephone	- - - - - - -	Bedlington 2121

STATISTICS AND CONDITIONS OF THE AREA

Area in acres	...	...	...	...	...	...	...	9,025
Registrar General's Estimate of the Resident Population								
Mid. 1956	...	...	...	...	...	...	...	29,130
Rateable Value	...	...	...	...	...	...	...	£218,957
Penny Rate Produces	...	...	...	...	...	...	...	£800
Number of Inhabited Houses	...	...	...	...	...	...	...	8,622

SEWAGE DISPOSAL—AN URGENT PROBLEM

Sooner or later, progress in one sphere pin-points the inadequacies in another and indicates the necessity of maintaining steady and logical planning. Unfortunately it is not always possible to keep the balance from tipping in one direction or the other. The re-housing programme in the district since 1946 has been an immense one and it is not surprising that the facilities for sewage disposal have become inadequate to meet the needs of the modern housing estates. Unfortunately it is often the districts with older property that first become aware of these failings.

It is only fair, however, to review the history of sewage disposal in Bedlingtonshire to see the matter in true perspective. The original main sewers were laid between 1903 and 1910. They were designed to serve the houses of that time—houses that almost without exception, had no water save stand pipes in the streets and no water carriage system for sewage disposal—only privy middens.

By 1930 the privy middens had been converted to a water carriage system of sewage disposal, with the exception of 5 or 6 farm cottages. Many of the houses had water installed, yet the main sewers were unchanged.

Between 1903 and 1955 the population of the Shire rose from 18,700 to 29,180 and the number of inhabited houses from just over 4,000 to 8,573. This of course shows a great change in the pattern of life in the Shire. It can be said with truth that the health of the population of any district depends to a great extent on the efficiency of waste disposal. The Council have been aware and disturbed about the nuisances that occur from time to time in certain districts of the Shire.

In my annual reports for 1949 and 1952 I drew attention to the fact that the existing sewage methods were inadequate and indeed archaic. I deplored the fact that crude sewage was being piped into the rivers of the Shire.

In 1954-55 a new sewer from Guide Post to Stakeford was completed. This eliminated the discharge of crude sewage above Stakeford Bridge. It discharges at present into the river below Stakeford Bridge, but when the new sewage plan becomes effective this discharge will cease and the sewage will be taken to a sea outfall at Cambois.

In 1955 the Council asked that plans and costs be obtained for a new sewerage system for the Shire and in 1956 these were forthcoming. Provided approval from the various ministries and planning authorities are obtained this scheme will be undertaken. The Council are well aware that it will be expensive and of necessity be carried out over several years.

There is no doubt in my mind that this project is necessary and I congratulate the Council on their determination to proceed with it in view of the very high financial costs involved.

CHIROPODY FOR OLD-AGE PENSIONERS

At their September meeting the Bedlington After-Care Subcommittee agreed to provide up to £20 to institute a Chiropody Service for old-age pensioners.

The pensioners were to pay a nominal fee of 1/- per Session and the chiropodist's fee was to be made up from the fund provided. During the six weeks that this service functioned, forty cases were dealt with.

At their November meeting under Section 31, National Assistance Act, 1948, Bedlingtonshire Urban District Council agreed to donate £25 per quarter to the Bedlingtonshire Old People's Welfare Committee to be used for the purpose of providing assistance to Old Age Pensioners in obtaining chiropody treatment. This permitted the work which had been commenced by the Bedlington After-Care Subcommittee to be continued.

The number of cases dealt with from the 12th November, 1956 to the 31st December, 1956 was 39. It is anticipated that approximately 400 treatments will be given annually. This is a great advance in the facilities provided for old people and one which I have been advocating for some considerable time. There is no doubt that apart from providing an additional service for old people and furthering their welfare, it will lighten the burden in the Home Help Service by keeping many of these old people mobile for a much longer time than before.

Bedlingtonshire Urban District Council are to be congratulated for their earnest desire to assist old people in whatever manner they can.

LOCAL OLD PEOPLES' WELFARE COMMITTEE

In September, 1956 a committee was formed under the name of the Bedlingtonshire Old Peoples' Welfare Committee. The aims of the committee are to try to co-ordinate the work carried out by the various clubs and associations that are interested in the welfare of the aged.

It is also the duty of this committee to suggest various methods that can be used by individual clubs and to provide a centre for advice on the activities already being carried out, and on those still needed.

The following are some of the projects that the committee hope to see taking place.

1. The setting up of visiting panels—many old people are unable to travel to Over-Sixty Clubs, etc. and would welcome the opportunity of seeing a new face occasionally.
2. The setting up of a rota for “sitters in”—this would be invaluable for the bedridden case who has to be alone in the house for many hours between the visits of the Home Help. It would also be a blessing to a relative unable to rest properly because of heavy nursing responsibilities.
3. The setting up of a Meals on Wheels Service—this has been tried already, but transport difficulties caused its breakdown. It is a most worth-while service, but a very difficult one to run in this particular district due to the scattered areas of the population.
4. The setting up of a Chiropody Service. This has already been achieved.

The aims of this committee are good. Its duties should, I suggest, be mainly advisory. It should form a link between the clubs and associations which are already carrying out excellent work.

It should try to prevent the overlapping of services. It will provide a stimulus, I hope, to some of the statutory bodies by suggesting possible improvements in existing services.

As far as visiting panels are concerned, I feel that this could be extended. This work is already carried out by the Old Peoples' Clubs, but I am sure there is a much bigger scope for it.

The “sitter-in” suggestion is a good one and if a panel could be set up I know that the Health Department and general practitioners could make good use of it. A similar service is necessary for assisting old people when bathing. Many pensioners do not bath themselves regularly because they are afraid of slipping in the bath. This is a very real problem and one which could be eased if volunteers were forthcoming to assist these people.

There is ample scope for the new committee and the other individual associations.

LUNG CANCER

The number of deaths from cancer of the lung in England and Wales has risen from 2,000 in 1931 to 17,000 in 1956 (25 years).

While modern diagnostic methods may have some bearing on this it is not the only factor.

The 1955 male lung cancer death rate has increased 13 times that of 1930 while the female rate has increased only 5 times.

It would appear, therefore, that there are other factors, such as sex, employment, smoking, petrol fumes, atmospheric pollution. It is fair to say that all these play a part.

There is a chemical substance, "benzpyrene," which is present in cigarette smoke and coal fire smoke. This substance can cause cancer in animals. It **may** be the cause of lung cancer in humans.

Certainly, statistics have proved that in this country more deaths occur from lung cancer in heavy smokers than in non-smokers. It appears also, that cigarette smokers run a greater risk than pipe smokers.

It is a fact, however, that more people die from cancer of the lung in towns than in the country. This may be due to increased atmospheric pollution from industrial and domestic chimney smoke and from petrol and oil fumes from vehicles.

The larger proportion of the population must live in urban areas but that is no reason why efforts should not be made on the part of the town dweller to obtain the best possible living conditions.

It is possible to reduce smoke from chimneys, but it is a difficult task in areas where free coal is a workers' perquisite. It should be possible to minimise traffic exhaust fumes by action under the present traffic acts.

These are "Third Party" efforts. It is never "our" chimney that smokes or "our" exhaust that belches blue smoke but always the other party and only far reaching legislation will alter this.

The Clean Air Act promises much but its administration is beset with difficulties especially in a mining area.

There is one thing which every person can do, as an individual—give up smoking. How difficult this is, only inveterate cigarette smokers know. Many will be unable to break themselves of the habit and it is much easier never to start smoking than have to try to give it up. This applies especially to the teenagers. Many professional people like teachers and doctors know how difficult it is to convince youth of this folly, both from the health and financial aspect, especially as so many themselves are its victims.

PREVALENCE AND CONTROL OVER INFECTIOUS AND OTHER DISEASES, 1956

Measles

There were 22 cases of measles notified during 1956. This is the lowest figure since 1940. There were no deaths.

Dysentery

This disease was again prevalent and 71 cases were notified. It is probable that many cases occurred which were not notified. The first case was notified at the end of January. There was a break until March 6th when the epidemic commenced. There were 10 cases notified in March, 29 in April, 20 in May, 10 in June, and 1 in October. There were 24 adults and 47 children (1—15 years) affected and cases occurred in 35 households.

A circular letter to school teachers was distributed asking for special attention to be paid to toilet and hand hygiene.

Whooping Cough

There were 69 cases notified during the year. It is an increase of 52 over last year but of the total of 69 cases 6 children had received protective immunisation against the disease. Two had been immunised with the combined diphtheria—pertussis vaccine, but in one of these there was a lapse of 7 years between the immunisation and the disease—a booster dose during that time might well have given full protection. The other four had been immunised with whooping cough vaccine—all within three years of being infected. It is true to say, however, that the severity of the infection was greatly reduced in these six cases.

Scarlet Fever

There were 8 cases of this disease notified during 1956. This is the lowest number since 1946 .

Food Poisoning

.....

Only two cases were notified during 1956. They were single isolated cases and no spread of the disease occurred.

Paratyphoid Fever

One case occurred during 1956. It resembled food poisoning more than typical paratyphoid fever.

Typhoid Fever

One case occurred during 1956. It was a severe case of a child aged 12 years. This boy had been bathing in the tidal part of the river Blyth.

This particular part is heavily contaminated with sewage. He had been warned that it was unsafe to bathe there but had disregarded the warning. It was felt that this was the origin of the infection.

Poliomyelitis

One case of paralytic poliomyelitis occurred in a child 3 years of age during 1956. It was impossible to trace the source of infection.

Diphtheria

For the sixth successive year no cases of diphtheria were notified.

POLIOMYELITIS (Infantile Paralysis)

This disease has become head line news in the last four or five years. The wide publicity that it has received is probably out of proportion to its real seriousness to the public at risk. Compare the notifications and deaths for tuberculosis and poliomyelitis for the years 1950-55 for England and Wales.

Year	.....	.....	1950	1951	1952	1953	1954	1955
Poliomyelitis notifications			7760	2614	3910	4547	1960	6331
Tuberculosis notifications			49000	49000	48000	46000	42000	38000
Poliomyelitis deaths	.....		755	217	295	338	134	270
Tuberculosis deaths	.....		15969	13806	10585	8902	7897	6492

It can be seen that tuberculosis is much more widespread and a much greater killer. It will be seen, too, that both the notifications and the deaths of tuberculosis have been falling steadily, but in spite of that, over 6,000 persons died of this disease in 1955.

With poliomyelitis, however, both the notifications and the deaths fluctuate from year to year, depending on whether there has been an epidemic or not.

It would appear, therefore, that tuberculosis has been controlled to some extent while poliomyelitis has not.

There is little doubt that for every 100 persons being infected with poliomyelitis only one person produces the paralytic symptoms of the disease: the other 99 suffer little more than an influenzal cold. Deaths vary from 4 per cent to 10 per cent in those cases notified.

Nevertheless it is a dread disease because of the crippling paralysis it leaves, and therefore it must be fought in every possible way.

The year 1956 has given hope that a vaccine can be given which will at least minimise the serious complications of the disease if it does not completely prevent it. If this vaccine is in any way as effective as diphtheria prophylactic then it will be a great advance in preventive medicine.

The disease is probably spread from the bowel of an infected person. In this it resembles dysentery and the route is from infected hands to the mouth, food, cooking utensils or other household articles. It may be spread by coughing.

During an epidemic the public should avoid crowded places, football matches, cinemas and dance halls, etc. Contacts of cases should avoid strenuous exercise, especially swimming.

Bedlingtonshire has been remarkably free from poliomyelitis and the population may well be suffering from a lack of natural immunity. It is in such a community that vaccination against the disease is strongly recommended so that some form of artificial immunity can be built up.

What can the ordinary members of the public do to help?

1. Allow their children the opportunity of being vaccinated against poliomyelitis.
2. Prevent the spread of poliomyelitis in an epidemic by careful attention to personal hygiene and taking heed of the simple rules advised by their family doctors.

VITAL STATISTICS

Births

Live Births

					Male	Female	Total
Legitimate	...	...	...	...	235	188	423
Illegitimate	...	...	...	...	7	13	20
					<hr/>	<hr/>	<hr/>
					242	201	443
					<hr/>	<hr/>	<hr/>

Still Births

					Male	Female	Total
Legitimate	...	...	...	...	7	5	12
Illegitimate	...	...	...	...	—	—	—
					<hr/>	<hr/>	<hr/>
					7	5	12
					<hr/>	<hr/>	<hr/>

COMPARABILITY FACTORS—Births, 0.97.	Deaths ...	1.27
Uncorrected Birth Rate per 1,000 estimated population	...	15.2
Standardised Birth Rate per 1,000 estimated population	...	14.7
Still Birth Rate per 1,000 live and still births	... ..	27.0
Still Birth Rate per 1,000 estimated population	... ..	0.41

Deaths

	Male 198	Female 130	Total 328
Crude Death Rate per 1,000 estimated population	11.2
Standardised Death Rate per 1,000 estimated population	14.2

Deaths over 65 years of age

	Male	Female	Total
1950	108	105	213
1951	124	100	224
1952	77	80	157
1953	108	81	189
1954	113	89	202
1955	103	84	187
1956	113	103	216

Deaths from Puerperal Causes (Headings 29 and 30 of the Registrar General's Short List).

NIL.

Deaths of Children aged 1—4 years

1951	2	1954	2
1952	2	1955	2
1953	5	1956	1

COMPARISON OF VITAL STATISTICS (1956) WITH THOSE OF 1955

	1955	1956
Population	29,180	29,130
Live Births	511	443
Still Births	10	12
Uncorrected Birth Rate per 1,000 estimated population	17.5	15.2
Standardised Birth Rate per 1,000 estimated population	16.9	14.7
Still Birth Rate per 1,000 estimated population	0.34	0.41
Still Birth Rate per 1,000 live and still births	19.1	27.0
Deaths	315	328
Crude Death Rate per 1,000 estimated population	10.7	11.2
Standardised Death Rate per 1,000 estimated population	12.5	14.2
Deaths over 65 years of age	187	216
Deaths of infants under 1 year per 1,000 live births	19.5	22.5
Number of infant deaths under 1 year of age	10	10
Number of child deaths, 1—4 years inclusive	2	1
Neo-natal Mortality Rate (infants under 4 weeks) per 1,000 births	9.7	22.5
Tuberculosis Death Rate per 1,000 estimated population	0.27	0.1
Pulmonary Tuberculosis case rate per 1,000 estimated population	6.1	6.2

STATISTICS FOR BEDLINGTONSHIRE U.D.C. FOR THE

LAST TEN YEARS

Year	Population	Deaths	Death Rates	Live Births	Birth Rate	Infant Deaths	Infant Death Rate	Neo-natal Death Rate
1947	26,970	311	11.5	616	22.8	21	34.0	17.9
1948	28,270	272	9.6	508	17.9	17	33.4	11.6
1949	28,220	311	11.0	515	18.2	20	38.8	23.3
1950	28,790	342	11.8	559	19.4	29	51.8	26.8
1951	28,520	368	12.9	562	19.7	20	35.5	23.1
1952	28,630	318	11.1	549	19.1	21	38.2	21.8
1953	28,840	310	10.7	536	18.5	20	37.3	20.5
1954	29,150	317	10.8	524	17.9	14	26.7	17.1
1955	29,180	315	10.7	511	17.5	10	19.5	9.7
1956	29,130	328	11.2	443	15.2	10	22.5	22.5

INFANTILE MORTALITY, 1956

There were 10 deaths of infants under 1 year of age and all of these were under 1 month.

The infant mortality rate was 22.5 per 1,000 live births and the neonatal mortality 22.5 per 1,000 live births.

	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
Diarrhoea and enteritis under 2 years	1	1	1	—	—	—	—	—	—	—
No. of infant deaths under 1 year	21	17	20	29	20	21	20	14	10	10
Infantile mortality rate per 1,000 live births ...	34.0	33.4	38.8	51.8	35.5	38.2	37.3	26.7	19.5	22.5

No.	Age	Sex	Place of Death	Cause of Death	Preventable or not	Remarks
1.	1 day	M.	Hospital	Prematurity	Not	—
2.	1 day	M.	Hospital	Pulmonary Haemorrhage	Not	—
3.	7 hours	M.	Hospital	Haem. dis. of newborn	Not	—
4.	1 week	M.	Hospital	Cerebral Haem.	Not	—
5.	3 days	F.	Hospital	Prematurity	Not	—
6.	1½ hours	M.	Hospital	Prematurity	Not	—
7.	3 days	M.	Hospital	Congenital heart disease	Not	—
8.	3 days	M.	Hospital	Neo-natal Pneumonia	Not	—
9.	16 hours	M.	Hospital	Atelectasis	Not	—
10.	3 days	M.	Hospital	Intracranial Haemorrhage	Not	—

INFANT MORTALITY.

Cause of Death	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 1 month	1-3 months	4-6 months	7-9 months	10-12 months	Total under 1 year
Prematurity	3	—	—	—	3	—	—	—	—	3
Pulmonary Haemorrhage ...	1	—	—	—	1	—	—	—	—	1
Haem. Dis. of Newborn ...	1	—	—	—	1	—	—	—	—	1
Cerebral Haemorrhage ...	1	1	—	—	2	—	—	—	—	2
Congenital Heart Disease ...	1	—	—	—	1	—	—	—	—	1
Neo-natal Pneumonia ...	1	—	—	—	1	—	—	—	—	1
Atelectasis	1	—	—	—	1	—	—	—	—	1
Total	9	1	—	—	10	—	—	—	—	10

CAUSES OF DEATH, 1956

Code No.	International Classification	M.	F.	Total
002	Pulmonary Tuberculosis	1	2	3
141	Malignant Neoplasm of Tongue	1	—	1
150	Malignant Neoplasm of Oesophagus	2	—	2
151	Malignant Neoplasm of Stomach	7	5	12
153	Malignant Neoplasm of Large Bowel	2	3	5
154	Malignant Neoplasm of Rectum	2	1	3
155	Malignant Neoplasm of Gall Bladder	—	3	3
157	Malignant Neoplasm of Pancreas	2	1	3
162	Malignant Neoplasm of Bronchus or Lung	7	1	8
170	Malignant Neoplasm of Breast	—	2	2
172	Malignant Neoplasm of Corpus Uteri	—	1	1
175	Malignant Neoplasm of Ovary	—	1	1
176	Malignant Neoplasm of Vulva or Vagina	—	3	3
177	Malignant Neoplasm of Prostate	2	—	2
178	Malignant Neoplasm of Testis	1	—	1
181	Malignant Neoplasm of Bladder	2	1	3
193	Brain Tumour	1	—	1
204.3	Acute Leukaemia	1	—	1
241	Asthma	1	—	1
260	Diabetes Mellitus	—	1	1
330	Subarachnoid Haemorrhage	—	2	2
331	Cerebral Haemorrhage	12	16	28
332	Cerebral Embolism or Thrombosis	11	4	15
342	Brain Abscess	1	—	1
345	Disseminated Sclerosis	—	1	1
416	Rheumatic Carditis	—	1	1
420	Arteriosclerotic Heart Disease	1	—	1
42.01	Coronary Thrombosis	40	22	62
421	Mitral Stenosis	—	2	2
421.1	Aortic Incompetence	1	—	1
421.3	Pulmonary Stenosis	—	1	1
422	Cardio Vascular Degeneration	20	18	38
422.1	Myocardial Degenerated with Arteriosclerosis	2	—	2
422.2	Myocardial Degeneration with Senility	9	17	26
433.1	Auricular Fibrillation	2	2	4
434.1	Congestive Heart Failure	9	5	14
434.2	Left Ventricular Failure	2	1	3
434.3	Cor Pulmonale	2	—	2
440	Hypertensive Cardio-Vascular Disease	1	—	1
441	Malignant Hypertension with Heart Disease	1	1	2
454	Arterial Embolism	1	—	1
465	Pulmonary Embolism	3	1	4
480	Influenzal Pneumonia	—	1	1

Code No.	International Classification.	M.	F.	Total.
481	Influenza	—	1	1
490	Lobar Pneumonia	2	1	3
491	Broncho Pneumonia	4	4	8
500	Acute Bronchitis	1	—	1
502	Chronic Bronchitis	2	—	2
522	Hypstatic Pneumonia	4	—	4
540	Peptic Ulcer	1	—	1
587	Acute Pancreatitis	1	—	1
592	Chronic Nephritis	2	1	3
643	Placenta Praevia	—	1	1
754	Congenital Heart Disease	2	—	2
760	Cerebral Haemorrhage at Birth	2	—	2
762.5	Pulmonary Collapse with Prematurity	1	—	1
763	Pneumonia of Newborn	1	—	1
770	Haemolytic Disease of Newborn	1	—	1
776	Prematurity	3	1	4
782.5	Cardiac Syncope	1	—	1—
794	Senility	3	—	3
E812	Motor Vehicle Accident to a Pedestrian	1	—	1
E822	Motor Vehicle Overturning	2	—	2
E840	Street Car Accident to Pedestrian	1	—	1
E855	Fractured Skull—Accidental Fall from Height	1	—	1
E872	Accidental Aspirin Poisoning	1	—	1
E900	Fractured Skull—Fall on Stairs	1	1	2
E910	Crush by Fall of Earth	4	—	4
E914	Accident due to Electric Shock	1	—	1
E922	Inhalation of Foreign Body	1	—	1
E972	Suicide—Coal Gas Poisoning	1	—	1
E974	Suicide—Hanging	1	—	1
N806	Accidental Fracture of Spine	1	—	1
N947	Extensive Burns	1	—	1
Totals		198	130	328

TABLE SHOWING ANALYSIS OF NOTIFIED CASES OF

INFECTIOUS DISEASES UNDER AGE GROUPS, 1956

	Under 1 year	1 year	2 years	3 years	4 years	5 years	6-10 years	11-15 years	16-20 years	21-35 years	36-45 years	46-55 years	56-65 years	over 65	Not known	Total
Dysentery	—	7	6	7	2	2	17	6	4	10	3	2	2	1	2	71
Whooping Cough ...	5	7	7	13	8	13	12	2	—	1	1	—	—	—	—	69
Measles	2	7	2	5	2	2	1	1	—	—	—	—	—	—	—	22
Pulmonary Tuberculosis...	—	—	—	—	—	—	1	2	5	6	3	2	—	2	—	21
Scarlet Fever	—	—	—	—	—	2	3	1	1	1	—	—	—	—	—	8
Pneumonia	—	—	—	—	—	—	—	1	—	—	—	1	1	1	—	4
Non-Pulm. Tuberculosis...	—	—	—	—	—	1	1	2	—	—	—	—	—	—	—	4
Acute Poliomyelitis ...	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1
Meningococcal Infection...	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1
Paratyphoid Fever ...	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
Food Poisoning	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	2
Puerperal Pyrexia	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
Typhoid Fever	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Totals	7	21	15	25	13	20	36	16	10	20	7	6	3	6	2	207

DIPHTHERIA NOTIFICATIONS AND DEATHS IN BEDLINGTONSHIRE DURING THE 10 YEAR PERIOD 1947—1956

Year	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
Cases	19	5	2	1	—	—	—	—	—	—
Deaths	3*	—	—	—	—	—	—	—	—	—

MEASLES, WHOOPING COUGH AND SCARLET FEVER NOTIFICATIONS, 1947—1956

* Unprotected.

Year	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
Measles... ..	124	245	228	540	156	406	165	250	381	22
Whooping Cough	36	186	12	133	79	15	215	38	17	69
Scarlet Fever ...	10	60	31	54	83	84	40	19	24	8

TUBERCULOSIS, 1956

		New Cases				Deaths				
Age Groups			Respiratory		Non-Resp.		Respiratory		Non-Resp.	
			M.	F.	M.	F.	M.	F.	M.	F.
0- 1 year ...	...	—	—	—	—	—	—	—	—
1- 5 years...	...	—	—	—	—	—	—	—	—	
5-15 years...	...	1	1	3	1	—	—	—	—	
15-25 years...	...	1	7	—	—	—	—	—	—	
25-35 years...	...	1	3	—	—	—	—	—	—	
35-45 years...	...	3	—	—	—	—	1	—	—	
45-55 years...	...	2	—	—	—	—	1	—	—	
55-65 years...	...	—	—	—	—	1	—	—	—	
over 65 years	...	1	1	—	—	—	—	—	—	
Totals	... ..	9	12	3	1	1	2	—	—
Grand Totals		21		4		3		Nil		
		25				3				

The Tuberculosis Register showed the following distribution of cases at the end of 1956.

Pulmonary			Non-Pulmonary			Total Pulmonary and Non-Pulmonary		
Male	Female	Total	Male	Female	Total	Male	Female	Total
101	82	183	23	28	51	124	110	234

Notifications

Years	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
Pulmonary ...	16	19	18	27	32	24	29	30	22	21
Non-Pulmonary	8	10	7	11	7	7	13	11	3	4

Deaths

Deaths										
Pulmonary ...	10	4	13	5	5	7	5	6	6	3
Non-Pulmonary	2	2	2	—	1	—	—	—	2	—

CANCER MORTALITY—1956. MALE.

Malignant Neoplasm of	0-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+	Totals
Lungs and Bronchus ...	—	—	—	—	1	—	1	2	3	7
Stomach ...	—	—	—	1	1	—	—	—	5	7
Bladder ...	—	—	—	—	—	—	—	—	2	2
Pancreas ...	—	—	—	—	—	—	—	—	2	2
Tongue ...	—	—	—	—	—	—	—	—	1	1
Rectum ...	—	—	—	—	—	—	—	—	2	2
L. intestine ...	—	—	—	—	—	—	—	—	2	2
Testis ...	1	—	—	—	—	—	—	—	—	1
Brain ...	—	—	—	—	—	—	1	—	—	1
Oesophagus ...	—	—	—	—	—	—	—	—	2	2
Prostate ...	—	—	—	—	—	—	—	1	1	2
Totals...	1	—	—	1	2	—	2	3	20	29

CANCER MORTALITY—1956. FEMALE

Malignant Neoplasm of	0-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+	Totals
Lungs and Bronchus ...	—	—	—	—	—	—	—	—	1	1
Stomach ...	—	—	—	—	—	—	—	—	5	5
Ovary ...	—	—	—	—	—	—	—	—	1	1
Bladder ...	—	—	—	—	—	—	—	—	1	1
Gallbladder ...	—	—	—	—	—	—	—	—	2	2
Corpus uteri ...	—	—	—	—	—	—	—	—	1	1
Pancreas ...	—	—	—	—	—	—	—	—	1	1
Breast ...	—	—	—	—	1	—	—	—	1	2
Vulva & Vagina	—	—	—	1	—	—	—	—	2	3
L. intestine ...	—	—	—	—	—	—	1	1	1	3
Rectum ...	—	—	—	—	—	—	1	—	—	1
Liver ...	—	—	—	—	—	—	1	—	—	1
Totals...	—	—	—	1	1	—	3	1	16	22

DEATHS FROM CANCER SHOWING SITE OF DISEASE, 1947-1956

Site	1956		1955		1954		1953		1952		1951		1950		1949		1948		1947	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
All sites ...	29	22	41	28	31	25	35	24	26	15	34	18	26	20	23	21	21	19	21	21
Lung and Bronchus ...	7	1	12	2	6	—	6	3	8	1	8	1	3	—	4	1	3	3	4	1
Stomach ...	7	5	8	6	9	8	9	4	4	4	9	4	5	7	8	5	8	3	11	3
Remainder of Digestive System ...	6	4	14	10	12	9	11	8	13	3	7	6	12	3	3	7	5	3	6	8
Female organs	—	7	—	8	—	6	—	9	—	7	—	6	—	7	—	6	—	6	—	6
Others ...	9	5	7	2	4	2	9	—	1	—	10	1	6	3	8	2	6	4	—	3

WATER SUPPLY

With the exception of one house at Grove Villa which uses spring water all houses are provided with a mains supply by the Tynemouth Water Undertaking. The supply has been adequate and of good quality.

During the year, as shown in the following table, 93 samples were taken from all parts of the district. Unsatisfactory results persisted from samples taken at and in the vicinity of the Doctor Pit pit-head baths and canteen during the month of August and end of July. Various means were adopted to find the source of contamination but it was not until a pump was disconnected and leaking valves renewed in the baths that conditions returned to normal.

There are still within the district some 396 houses which derive their water supply from a standpipe either in the back street or private yard to the house. Some 290 of these are the property of the National Coal Board and almost all are being dealt with under the Councils' Slum Clearance Programme.

In spite of the inclement weather of last summer over 12,000 people attended the Humford Mill Swimming Baths in addition to organised classes of children from various schools. The river water is filtered and chlorinated and was always found to be satisfactory.

WATER SAMPLES TAKEN

No. of Samples							Bac. Coli per 100 c.c.s.
14	Humford Mill Swimming Baths						Nil
2	Humford Mill Swimming Baths						1
1	Humford Mill Swimming Baths						3
1	Spring at Grove Villa						Nil
2	Spring at Grove Villa						1
1	Spring at Grove Villa						5
1	Spring at Grove Villa						7
1	Spring at Grove Villa						11
1	Spring at Grove Villa						90
30	Mains Supply within the district						Nil
1	Mains Supply Bedlington Station						1
2	Mains Supply Choppington						1
1	Mains Supply Choppington						3
4	Mains Supply Bedlington						3
1	Mains Supply Bedlington						13
13	Doctor Pit Baths and Canteen						Nil
3	Doctor Pit Baths and Canteen						1
1	Doctor Pit Baths and Canteen						2
1	Doctor Pit Baths and Canteen						3
5	Doctor Pit Baths and Canteen						5
1	Doctor Pit Baths and Canteen						17
1	Doctor Pit Baths and Canteen						160
1	West Sleekburn Baths and Canteen						1
1	Cambois Baths and Canteen						Nil
2	Reservoir, West End, Bedlington						Nil
1	Reservoir, West End, Bedlington						1

93

DISINFESTATION

This work is very satisfactorily carried out by the Council's full-time rodent operator. All sewers within the district have been treated twice during the year as required by the Ministry of Agriculture, Fisheries and Food. Regular attention has also been given to refuse tips and all surface infestations including houses, gardens, canteens, food premises, shops, etc., have received treatment as and when required.

Action has been taken in 9 cases for bed bugs, 2 at Council houses and 7 at private houses, using Gammexane smoke generators and liquid insecticide.

ACTION TAKEN DURING THE YEAR WITH REGARD TO CLEARANCE AREAS AND INDIVIDUAL UNFIT HOUSES

Houses demolished in Clearance Areas — Nil.

Individual Houses demolished under Section 11:

First Row, Choppington	...	...	...	...	20
Second Row, Choppington	...	...	...	...	24
Puddler's Row, Bedlington Station	...	...	...	...	8
North View, Stakeford	...	...	...	...	1
Ravenworth Terrace, Bedlington Station	...	...	...	...	8
New Row, Cambois	...	...	...	...	10
Forrester's Buildings, Bedlington	...	...	...	...	2
Byron Street, Guide Post	...	...	...	...	1
High Street, Guide Post	...	...	...	...	1
					75

Parts of Buildings closed under Section 12:

Blackburn's Buildings, Choppington	...	...	...	...	1
Quarry Houses, Bedlington	...	...	...	...	1
Fail's Yard	...	...	...	...	1
Colville's Yard	...	...	...	...	5
Fairbairn's Yard	...	...	...	...	2
Front Street	...	...	...	...	2
Low Ewart Hill	...	...	...	...	1
					13

Other houses discontinued as dwellings, Hartford Camp 38

Houses closed under Section 10, Local Government
(Miscellaneous Provisions) Act, 1953 ... Nil

Unfit houses rendered fit by owners as a result of action
under Housing or Public Health Acts:

(a) By informal action	...	...	...	...	49
(b) By action under Statutory Powers	...	...	...	...	2

NEW HOUSES COMPLETED DURING THE YEAR

(a) By Local Authority	...	...	...	...	166
(b) By any other Housing Authority	...	...	...	...	Nil
(c) By private persons	...	...	...	...	9

SUB-STANDARD HOUSES

During the year a further 166 Council Houses were built and 61 occupied houses became vacant making a total of 227 available houses for the year.

On 28th March the allocation of houses for slum clearance was reduced from 4 in 5 to 1 in 2. This was to allow a greater proportion of the already subsidised houses being built to go to the points system before the operation of the Housing Subsidies Act, 1956. It also meant a considerable reduction in the number of slum clearance families rehoused during the year—108 instead of 181 which would have been rehoused under the old system.

It is paradoxical that an act meant to expedite the rehousing of families in bad houses should have the reverse effect for, if the occupied houses becoming vacant go to general needs, then the houses to slum clearance will in future be below 4 in 5, the generous allocation which, before March, 1956, the slum clearance programme enjoyed. Without the new Subsidy Act the 1/5th to the points system would have been available in any case from the 61 houses becoming vacant.

It is interesting to know that to qualify for subsidy under the new act it is not necessary to rehouse the slum clearance family in the actual new house built.

The demolition of huts as they become vacant at Hartford Camp progresses at a steady rate, only 98 out of 357 remaining at the end of March, 1957. 50 families have been rehoused on the points system since the last annual report and as they have now also been included in the slum clearance programme the huts will quickly disappear.

125 Improvement grants at an average grant of £138 were given to applicants during the year bringing the total since the inception of the scheme to 191. None were rejected.

**Families rehoused post-war from Sub-standard Property which has
subsequently been demolished or closed (up to 31/3/57)**

Bedlington

Ewart Hill	1
Fountain Inn, Glebe Row	4
Glebe Road	68
Catholic Row	16
Dowson's Buildings	5
Sun Inn Yard	6
Old Colliery Row	20
Bell's Place	21
Hollymount Hall	7
Hollymount Cottages	2
Vulcan Place	27
Vicarage Terrace	2
Old Hall	5
Chapel Row, East End	1
Bank Cottages	2
Murray's Yard	4
Baptist Yard	5
Rosella Place	1
Front Street, East	5
Front Street, West	1
Grand View	6
Foggan's Yard	2
Quarry Houses	2
Laird's Cottage	1
The Quay, East End	4
Sunnyside	3

Bedlington Station

Ravensworth Terrace	...	...	...	...	...	...	35
North Row	...	...	...	...	...	...	42
Wilkinson's Buildings	...	...	...	...	...	...	5
Red Row	...	...	...	...	...	...	41
Bridge House	...	...	...	...	...	...	2
Bridge End	...	...	...	...	...	...	4
Dene House	...	...	...	...	...	...	2
Moorland Cottages	...	...	...	...	...	...	10
Liddle's Yard	...	...	...	...	...	...	13
Dene View	...	...	...	...	...	...	2
Puddler's Row	...	...	...	...	...	...	20
Cragg's Buildings	...	...	...	...	...	...	5
Staithe's Quay	...	...	...	...	...	...	3
Chapel Row, Barrington	...	...	...	...	...	...	21
Stone Row, Barrington	...	...	...	...	...	...	12
School House, Barrington	...	...	...	...	...	...	2
Ivy Cottage	...	...	...	...	...	...	1
Storey's Buildings	...	...	...	...	...	...	1
							221

Netherton

Yard Row	...	...	...	...	...	...	90
Howard Row	...	...	...	...	...	...	60
Village	...	...	...	...	...	...	4
Nedderton Hall	...	...	...	...	...	...	5
Farm Cottages	...	...	...	...	...	...	4
							163

Cambois

Railway Bungalows	...	...	...	...	...	...	4
New Row	...	...	...	...	...	...	10
Link End	...	...	...	...	...	...	2
Farm Cottages	...	...	...	...	...	...	2
							18

Choppington:

Blackburn's Buildings	...	...	...	...	...	...	8
Strong's Buildings	...	...	...	...	...	...	24
First Row	...	...	...	...	...	...	24
Second Row	...	...	...	...	...	...	24
Third Row	...	...	...	...	...	...	1
South Front Row	...	...	...	...	...	...	6
North Front Row	...	...	...	...	...	...	2

Forster's Buildings	...	...	...	...	...	2
Peter Gill's Cottages	...	...	...	...	...	6
Front Street, Scotland Gate	...	...	...	...	...	16
Colliery Square	...	...	...	...	...	2
Chapel Row	...	...	...	...	...	20
School Row	...	...	...	...	...	4
School House	...	...	...	...	...	2
Richardson's Buildings	...	...	...	...	...	7
Heslop's Buildings	...	...	...	...	...	1
Rutter's Buildings	...	...	...	...	...	3
Whinney Hill Cottage	...	...	...	...	...	1
						— 153

Guide Post:

Sheepwash Bank	...	...	...	...	...	1
Front Street	...	...	...	...	...	10
Anvil Cottages	...	...	...	...	...	2
Freehold Terrace	...	...	...	...	...	11
High Street	...	...	...	...	...	2
Ford Terrace	...	...	...	...	...	2
Tulip's Buildings	...	...	...	...	...	2
Byron Street	...	...	...	...	...	1
Rutherford Street	...	...	...	...	...	2
Gordon Street	...	...	...	...	...	1
						— 34

Stakeford:

Middle Row	...	...	...	...	...	14
North View	...	...	...	...	...	16
West View	...	...	...	...	...	11
						— 41

West Sleekburn:

South Row	...	...	...	...	...	1
						— 1
Total Number of Houses	...	...	...	...	...	852
Army Huts, Wansbeck Place	...	...	...	...	...	29
Army Huts, Hartford Camp	...	...	...	...	...	259
						— 1,140

INSPECTION AND REPAIR OF HOUSES

Apart from slum clearance and the many inspections involved resulting in Closing or Demolition Orders being served on 93 houses during the year there were recorded and dealt with a total of 167 complaints. All action was taken under the Public Health Act, 1936. It was found necessary to resort to formal action in the case of 17 blocks of flats at Rothesay Terrace, 2 houses at Millbank Crescent, 2 at Lily Avenue, 2 at Ridge Terrace and 1 at Victoria Terrace.

Repairs Effected:

Ceilings repaired	...	...	...	...	...	...	10
Chimney pots renewed	...	...	...	...	...	...	4
Chimney stacks repaired	...	...	...	...	...	...	3
Outbuildings repaired	...	...	...	...	...	...	3
Doors repaired	...	...	...	...	...	...	9
Drains repaired	...	...	...	...	...	...	4
Drains cleared	...	...	...	...	...	...	10
Dampness remedied	...	...	...	...	...	...	22
Dustbins renewed	...	...	...	...	...	...	15
Fireplaces renewed	...	...	...	...	...	...	3
Fireplaces repaired	...	...	...	...	...	...	6
Floors repaired	...	...	...	...	...	...	9
Roots repaired	...	...	...	...	...	...	21
Scullery Benches renewed	...	...	...	...	...	...	2
Sink waste pipes renewed	...	...	...	...	...	...	4
Sink waste pipes repaired	...	...	...	...	...	...	5
Sinks provided	...	...	...	...	...	...	2
Smoke emissions remedied—Domestic	...	...	...	...	...	...	4
Spouting renewed	...	...	...	...	...	...	12
Spouting repaired	...	...	...	...	...	...	4
Water Closet Basins renewed	...	...	...	...	...	...	7
Water Closets repaired	...	...	...	...	...	...	17
Wallplaster repaired	...	...	...	...	...	...	25
Window Sash Cords renewed	...	...	...	...	...	...	18
Window frames renewed	...	...	...	...	...	...	7
Water Supply pipes repaired	.....	...	...	...	...	...	17

FACTORIES ACTS, 1937 and 1948.

1.—Inspection for purposes of provisions as to health

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by the Local Authority	10	15	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	89	114	3	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises)	—	—	—	—
Total	99	129	3	—

2.—Cases in which defects were found

Particulars	Found	Remedied	Referred		Number of cases in which prosecutions were instituted
			To H.M. Inspector	By H.M. Inspector	
Overcrowding	—	—	—	—	—
Want of cleanliness	2	2	—	—	—
Unreasonable temperature ...	—	—	—	—	—
Inadequate ventilation	—	—	—	—	—
Ineffective drainage of floors	1	1	—	—	—
Sanitary Conveniences:—					
(a) Insufficient	1	1	—	—	—
(b) Unsuitable or defective	2	1	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) ...	—	—	—	—	—
Total	6	5	—	—	—

Outworkers

There are 31 outworkers doing work in their own homes for factories inside and outside the district. All these houses are visited regularly.

INSPECTION AND SUPERVISION OF FOOD

Milk Supply

There are 13 registered milk retailers licensed to sell Pasteurised Milk and 8 to sell Tuberculin Tested Milk within the district. 41 persons, including 28 from shops, are licensed for the sale of Sterilised milk. All the milk is sold in bottles as it is received by the dealer.

The amount of raw, untreated milk now sold within the district is, by comparison, very small indeed and almost all milk produced at the farms is sent to pasteurising establishments and returned to retailers. The district in the near future is to be included in another new specified area in which no milk other than heat-treated or Tuberculin-Tested milk can be sold.

31 Samples of milk were taken and submitted to the Public Health Laboratory, 30 for bacteriological examination and 1 for biological examination. The latter was found to be negative and free from Tuberculosis.

				Not	
				Satisfactory	Satisfactory
Raw Milk	...	...	1	Nil	1
Pasteurised Milk	...	...	28	28	Nil
Sterilised Milk	...	...	1	1	Nil

Ice Cream

Three premises in the district... are used for the manufacture of ice cream, two by the heat treatment method and the third by the cold mix process. A high standard of cleanliness is always maintained.

52 premises were registered for the sale of ice cream.

26 samples were taken during the year and submitted for bacteriological examination, 21 were grade one, 3 were grade three and 2 were grade four.

Food Preparation Premises and Food Shops

The following list shows the various types of food businesses in the district.

General dealers	...	...	...	...	...	98
Confectioners	...	...	...	...	...	7
Greengrocers	...	...	...	...	...	12
Butchers	...	...	...	...	...	18
Bakers	...	...	...	...	...	4
Fried Fish	...	...	...	...	...	12
Wet Fish	...	...	...	...	...	2
Cafes	...	...	...	...	...	1
Ice Cream Manufacturers	...	...	...	...	...	3
Public Houses and Clubs	...	...	...	...	...	40
Temperance Bars	...	...	...	...	...	4

The year 1956 has seen the introduction of the Food Hygiene Regulations. All means were adopted, by newspapers, journals, wireless programmes, etc., to give this legislation the widest possible publicity and to try to impress upon public and trader alike the vital importance of clean habits and practices as a safeguard against food poisoning.

Much of these regulations was already contained in the Food and Drugs Act, 1938, but important additions have been made such as separate provision for washing hands and utensils with hot water, first aid equipment for covering wounds and septic conditions, the prohibition of smoking and spitting and the wrapping of food in newspaper or other printed material, and the stopping of food preparation in employees' homes.

Although good strides are being made in food hygiene the personal element will always figure prominently in the picture. The food inspector cannot always be present in every food premises and much will depend on the purchaser being critical of unhygienic practices which he sees, refusing food which he knows to have been contaminated and demanding at all times a high standard in preference to a lower, though cheaper, standard.

Meat Inspection

Throughout the year slaughtering has been carried on at 8 private slaughter houses and this number has now been increased by a further two licensed premises. For the whole of the period the slaughter of pigs on a large scale for the wholesale market has continued at one slaughter house. This was entirely superfluous to the needs of the local population.

Private slaughter houses are not adequate nor are local authorities' staffs sufficient to deal with a new industry, killing up to 800 pigs per week at peak periods, which may be suddenly introduced and just as suddenly stopped without any consideration whatever for the responsibilities of the Authority. Should additional permanent staff be employed for what can be a temporary business? Or must the existing staff work at all times to conscientiously carry out an efficient meat inspection service to the exclusion or detriment of other forms of public health work? Additional staff is hard to find and compensation from the Ministry is negligible, some £15 per year, considering that over 9,700 pigs were killed in addition to other animals.

A slaughter house is licensed for the killing of animals. No provision is made to control the number of animals killed in any place and any licensed slaughter house can, in addition to its normal requirements, allow a wholesale business to operate, the only consideration being that of profit. Nuisances and trouble are inevitable.

A most significant feature in the following table is the low incidence of Tuberculosis in cattle especially in cows. Of 38 cows killed only one was found to be affected with Tuberculosis. The wide use of Tuberculin testing in cattle will, it is hoped, in the not too distant future completely eradicate this disease in food animals.

CARCASES AND OFFAL INSPECTED AND CONDEMNED IN WHOLE OR IN PART.

	Steers	Heifers	Cows	Bulls	Calves	Sheep and Lambs	Pigs not sows	Sows	Boars	Horses
Number killed and inspected	696	857	38	2	6	4,022	9,475	249	14	—
ALL DISEASES EXCEPT TUBERCULOSIS AND CYSTICERCII										
Whole carcasses condemned	—	—	1	—	—	1	6	—	—	—
Carcasses of which some part or organ was condemned	247	160	6	—	—	25	2,577	29	—	—
Percentage of the number inspected affected with diseases other than tuber- culosis and cysticerci ...	35.49%	18.66%	18.42%	—	—	0.46%	27.26%	11.65%	—	—
TUBERCULOSIS ONLY										
Whole carcasses condemned	2	—	—	—	—	—	2	—	—	—
Carcasses of which some part or organ was condemned	47	39	1	1	—	—	449	8	1	—
Percentage of the number inspected affected with tuberculosis ...	7.04%	4.55%	2.63%	50%	—	—	4.76%	3.21%	7.14%	—
CYSTICERCOSIS										
Carcasses of which some part or organ was condemned	—	—	—	—	—	—	—	—	—	—
Carcasses submitted to treat- ment by refrigeration ...	—	—	—	—	—	—	—	—	—	—
Generalised and totally condemned ...	—	—	—	—	—	—	—	—	—	—

WHOLE CARCASSES CONDEMNED DURING 1956

1 steer	...	...	780 lbs.	Generalized Tuberculosis.
1 steer	...	...	672 lbs.	Generalized Tuberculosis.
1 cow	...	...	452 lbs.	Septicaemia.
1 ram	...	...	79 lbs.	Emaciation and Oedema.
1 pig	...	...	62 lbs.	Acute Enteritis and Emaciation.
1 pig	...	...	72 lbs.	Abscesses and Emaciation.
1 pig	...	...	73 lbs.	Jaundice.
1 pig	...	...	97 lbs.	Moribund and Ill-bled.
1 pig	...	...	94 lbs.	Generalized Tuberculosis.
1 pig	...	...	120 lbs.	Moribund and Ill-bled.
1 pig	...	...	63 lbs.	Moribund and Ill-bled.
1 pig	...	...	92 lbs.	Generalized Tuberculosis.

OTHER MEAT, ORGANS, ETC., CONDEMNED AS BEING UNFIT FOR HUMAN CONSUMPTION.

Bovine Animals

Beef	...	...	...	Tuberculosis, 771 lbs.; Abscesses, 105 lbs.; Bone Taint, 87 lbs.
Heads and Tongues	...	...	...	Tuberculosis, 49; Necrosis, 1; Actinobacillosis, 4.
Lungs	...	...	...	Pneumonia and Pleurisy, 28; Hydatid Cysts, 3; Flukes, 115; Tuberculosis, 52; Stomach Contents, 249.
Livers	...	...	...	Cirrhosis: 99 Whole Livers and 230 Part Livers; Abscesses: 27 Whole Livers and 13 Part Livers; Tuberculosis, 17; Fatty Infiltration, 1; Hydatid Cysts, 1; Hepatitis, 1; Angioma, 1.
Hearts	...	...	...	Pericarditis, 2; Tuberculosis, 1.
Kidneys	...	...	...	Inflammation, 2; Retention Cysts, 1.
Skirts	...	...	...	Peritonitis, 1; Tuberculosis, 3; Abscesses, 1.
Mesenteries	...	...	...	Peritonitis, 1.
Udders	...	...	...	Induration, 6.
Spleen	...	...	...	Tuberculosis, 1.

Sheep

Plucks	...	...	...	Bile Stained, 1; Inflammation, 1.
Hearts and Lungs	...	...	...	Pneumonia and Pleurisy, 15; Abscesses, 1; Congestion, 1.
Livers	...	...	...	Abscesses, 2; Contamination, 15; Fatty Infiltration, 7; Flukes, 1; Degenerated Cysts, 7.

Pigs

Pork	...	...	...	Traumatic Congestion, 92 lbs.; Tuberculosis, 256 lbs.; Arthritis, 19 lbs.; Abscesses, 5 lbs.
Heads	...	...	...	Tuberculosis, 458; Abscesses, 1.
Plucks	...	...	...	Hydatid Cysts, 5; Tuberculosis, 14; Abscesses, 1; Inflammation, 227.
Heart and Lungs	...	...	...	Tuberculosis, 1; Stomach Contents, 2; Abscesses, 1; Pneumonia and Pleurisy, 2,413.
Livers	...	...	...	Milk Spots, 51; Cirrhosis, 88, Fatty Infiltration, 4; Degenerated Cysts, 1; Abscesses, 1.
Kidneys	...	...	...	Retention Cysts, 33; Nephritis, 22.

OTHER FOODS EXAMINED AND FOUND TO BE UNFIT FOR HUMAN CONSUMPTION

Tomatoes	...	...	23 tins	Ham and Tongue	...	21 lbs.
Other Fruit	...	...	58 tins	Chicken	...	6 lbs.
Peas and Beans	...	...	25 tins	Potatoes	...	42 lbs.
Milk	...	...	5 tins	Cheese	...	2 lbs.
Meats	...	...	35 tins	Soups	...	4 tins
Corned Beef	...	...	2 lbs.	Fish	...	4 tins
				Vegetables	...	2 tins

